



FINANCIAL STATUS REPORT

(SHUKI PUKM)

1. FEDERAL AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH REPORT IS SUBMITTED US Department of Labor - ETA		2. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY 0041-DC-2001-T1		OMB APPROVAL NO. U348-U039	PAGE OF 1 of 1
3. RECIPIENT ORGANIZATION (NAME AND COMPLETE ADDRESS, INCLUDING ZIP CODE) STATE OF ALASKA, DEPARTMENT OF LABOR P.O. BOX 21149 JUNEAU, ALASKA 99802-1149					
4. EMPLOYER IDENTIFICATION NUMBER 92-6001185		5. RECIPIENT ACCOUNT NUMBER OR IDENTIFYING NUMBER PR 52200 PMS# 0041-DC-2001-T1		6. FINAL REPORT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	7. BASE <input type="checkbox"/> CASH <input checked="" type="checkbox"/> ACCRUAL
8. FUNDING/GRANT PERIOD FROM: (MONTH, DAY, YEAR) June 1, 2001		9. PERIOD COVERED BY THIS RECORD TO: (MONTH, DAY, YEAR) June 30, 2006		10. PERIOD COVERED BY THIS RECORD FROM: (MONTH, DAY, YEAR) October 1, 2005 TO: (MONTH, DAY, YEAR) December 31, 2005	
10. TRANSACTIONS:		I PREV. REPORTED		II THIS PERIOD	
A. TOTAL OUTLAYS		2,993,400.00		0.00	
B. RECIPIENT SHARE OF OUTLAYS		0.00		0.00	
C. FEDERAL SHARE OF OUTLAYS		2,993,400.00		0.00	
D. TOTAL UNLIQUIDATED OBLIGATIONS				0.00	
E. RECIPIENT SHARE OF UNLIQUIDATED OBLIGATIONS				0.00	
F. FEDERAL SHARE OF UNLIQUIDATED OBLIGATIONS				0.00	
G. TOTAL FEDERAL SHARE (SUM OF LINES C AND F)				2,993,400.00	
H. TOTAL FEDERAL FUNDS AUTHORIZED FOR THIS FUNDING PERIOD				2,993,400.00	
I. UNOBLIGATED BALANCE OF FEDERAL FUNDS (LINE H MINUS LINE G)				0.00	
11. INDIRECT EXPENSE	A. TYPE OF RATE		PROVISIONAL PREDETERMINED FINAL FIXED		
	B. RATE	C. BASE	D. TOTAL AMOUNT	E. FEDERAL SHARE	
	6.0%	159,471.00	9568.26	9568.26	
12. REMARKS: ATTACH ANY EXPLANATIONS DEEMED NECESSARY OR INFORMATION REQUIRED BY FEDERAL SPONSORING AGENCY IN COMPLIANCE WITH GOVERNING LEGISLATION.					
Rate	Base	Total Amount	Federal Share	Revision 1	
7.0%	107,712.92	7,539.90	7,539.90	To update 10-A - Total Outlays	
6.0%	33,805.93	2,028.36	2,028.36		
Total	141,518.85	9,568.26	9,568.26		
13. CERTIFICATION: I CERTIFY TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT THIS REPORT IS CORRECT AND COMPLETE AND THAT ALL OUTLAYS AND UNLIQUIDATED OBLIGATIONS ARE FOR THE PURPOSE SET FORTH IN THE AWARD DOCUMENTS					
TYPED OR PRINTED NAME AND TITLE Marilyn San Miguel, Accountant III			TELEPHONE (AREA CODE, NUMBER AND EXTENSION) (907)465-8577		
SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL			DATE REPORT SUBMITTED 02/08/06		